

URGENT: NOTICE OF TERMINATION AND COVERAGE LAPSE

Date: [Insert Date]

To: [Policyholder Name]

Address: [Insert Address]

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

This letter serves as official notification that your insurance coverage is scheduled to terminate on **[Insert Termination Date]** due to **[Insert Reason, e.g., Non-payment of premium]**.

If payment is not received or the issue is not resolved by the date mentioned above, your policy will lapse. A lapse in coverage may result in:

- Loss of protection against claims or damages.
- Higher premiums for future reinstatement or new policies.
- Legal or contractual penalties.

To prevent the termination of your coverage, you must take the following action by [Insert Deadline Date]:

[Insert Required Action, e.g., Remit payment of \$0.00 via the online portal]

If you have already made this payment or resolved this matter, please disregard this notice. If you believe this notice was sent in error, or if you wish to discuss payment options, please contact our billing department immediately at [Insert Phone Number].

Sincerely,

[Sender Name]

[Company Name]

[Contact Information]